

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

WEEKLY TRAINEE REPORT

REPORT NO. _____

WEEK ENDING DATE _____

PRIME

SUB

CONTRACTOR _____

PROJECT NO. _____

CONTRACT ID. NO. _____

NAME OF TRAINEE	CODE	CLASSIFICATION	DAY OF WEEK							TOTAL HOURS WKLY	RATE OF PAY	TOTAL HOURS	REMARKS STATUS
			S	M	T	W	T	F	S				
			HOURS OF TRAINING EACH DAY										

I certify under penalty of law that the information provided herein is accurate, current, and complete to the best of my knowledge.

Contractor _____

Signature / Title

Date

CC: Responsible Charge Engineer